

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ▼

PO BOX 12846

☐ Check if different than previously reported. (ACC)

AUSTIN

TX

78711

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00358903

3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)

**4. TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)  
☒ July 15 Quarterly Report (Q2)  
☐ October 15 Quarterly Report (Q3)  
☐ January 31 Year-End Report (YE)  
☐ July 31 Mid-Year Report (Non-election Year Only) (MY)  
☐ Termination Report (TER)

- (b) Monthly Report Due On: ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only)  
☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only)  
☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

- (c) 12-Day ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)  
**PRE-Election** Report for the: ☐ Convention (12C) ☐ Special (12S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

- (d) 30-Day ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)  
**POST-Election** Report for the:

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y through M M M / D D D / Y Y Y Y Y Y

04

01

2014

through

06

30

2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer MEREDITH HEYDE

Signature of Treasurer MEREDITH HEYDE

[Electronically Filed]

Date

07

15

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only

**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
04 / 01 / 2014 To: M M / D D / Y Y Y Y Y Y  
06 / 30 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2014</span>		<span style="border: 1px solid black; padding: 2px;">320210.84</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">344277.84</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">137955.50</span>	<span style="border: 1px solid black; padding: 2px;">189567.50</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">482233.34</span>	<span style="border: 1px solid black; padding: 2px;">509778.34</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">45153.28</span>	<span style="border: 1px solid black; padding: 2px;">72698.28</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">437080.06</span>	<span style="border: 1px solid black; padding: 2px;">437080.06</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Report Covering the Period:

From:

M M / D D / Y Y Y Y  
04 01 2014

To:

M M / D D / Y Y Y Y  
06 30 2014

**I. Receipts**

**COLUMN A**  
**Total This Period**

**COLUMN B**  
**Calendar Year-to-Date**

**11. Contributions (other than loans) From:**

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

26056.00

33326.00

(ii) Unitemized .....

111899.50

156241.50

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

137955.50

189567.50

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ►

137955.50

189567.50

**12. Transfers From Affiliated/Other**

Party Committees.....

0.00

0.00

**13. All Loans Received .....**

0.00

0.00

**14. Loan Repayments Received.....**

0.00

0.00

**15. Offsets To Operating Expenditures**

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

**16. Refunds of Contributions Made**

to Federal Candidates and Other

Political Committees.....

0.00

0.00

**17. Other Federal Receipts**

(Dividends, Interest, etc.).....

0.00

0.00

**18. Transfers from Non-Federal and Levin Funds**

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

**19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ►**

137955.50

189567.50

**20. Total Federal Receipts**

(subtract Line 18(c) from Line 19) ..... ►

137955.50

189567.50

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	2915.78	2960.78
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	2915.78	2960.78
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	41500.00	69000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	737.50	737.50
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	45153.28	72698.28
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	45153.28	72698.28

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	137955.50	189567.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	137955.50	189567.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	2915.78	2960.78
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	2915.78	2960.78

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 77

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Gale Adcock**

Mailing Address 300 Legault Dr.

City State Zip Code  
 Cary NC 27513

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SAS

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 20 / 2014

Transaction ID : SA11AI.5855

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Gale Adcock**

Mailing Address 300 Legault Dr.

City State Zip Code  
 Cary NC 27513

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SAS

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

06 / 20 / 2014

Transaction ID : SA11AI.5857

Amount of Each Receipt this Period

100.00

Contribution

Full Name (Last, First, Middle Initial)

**C. JULIE ADKINS**

Mailing Address 208 SUSANN DRIVE

City State Zip Code  
 WEST FRANKFORT IL 62896-1937

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SIMCA

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

05 / 09 / 2014

Transaction ID : SA11AI.5860

Amount of Each Receipt this Period

130.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

480.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 77

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

A. JULIE ADKINS

Mailing Address 208 SUSANN DRIVE

City

WEST FRANKFORT

State

IL

Zip Code

62896-1937

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SIMCA

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 17 / 2014

Transaction ID : SA11AI.5861

Amount of Each Receipt this Period

20.00

Contribution

Full Name (Last, First, Middle Initial)

B. Jean Aertker

Mailing Address 646 Riviera Dr.

City

Tampa

State

FL

Zip Code

33606

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ARNP

Occupation

Tampa OHS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 25 / 2014

Transaction ID : SA11AI.5865

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

C. Jean Aertker

Mailing Address 646 Riviera Dr.

City

Tampa

State

FL

Zip Code

33606

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ARNP

Occupation

Tampa OHS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 19 / 2014

Transaction ID : SA11AI.5866

Amount of Each Receipt this Period

20.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

290.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 8 OF 77

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

A. Susan Apold

Mailing Address 25 Pamela Ln

City

New Rochelle

State

NY

Zip Code

10804-2403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Concordia College New York

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 21 / 2014

Transaction ID : SA11AI.5867

Amount of Each Receipt this Period

130.00

Contribution

Full Name (Last, First, Middle Initial)

B. Cathy Arvidson

Mailing Address 2487 Blue Canyon Cir

City

Idaho Falls

State

ID

Zip Code

83402-3932

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Idaho State University

Occupation

FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 13 / 2014

Transaction ID : SA11AI.5871

Amount of Each Receipt this Period

65.00

Contribution

Full Name (Last, First, Middle Initial)

C. Cathy Arvidson

Mailing Address 2487 Blue Canyon Cir

City

Idaho Falls

State

ID

Zip Code

83402-3932

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Idaho State University

Occupation

FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 19 / 2014

Transaction ID : SA11AI.5872

Amount of Each Receipt this Period

120.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

315.00

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Tracey Aude**

Mailing Address 20405 Dean Rd

City State Zip Code  
 Chadwick IL 61014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NP

Occupation

CGH Medical Center

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 16 / 2014

**Transaction ID : SA11AI.5873**

Amount of Each Receipt this Period

260.00

Contribution

Full Name (Last, First, Middle Initial)

## **B. Louann Bailey**

Mailing Address 3060 Rainbow Ln

City State Zip Code  
 Richfield OH 44286

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kent State University

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 20 / 2014

**Transaction ID : SA11AI.5879**

Amount of Each Receipt this Period

20.00

Contribution

Full Name (Last, First, Middle Initial)

## **C. Kevin Ballard**

Mailing Address 10947 140th Ave NE

City State Zip Code  
 Thief River Falls MN 56701-8458

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sanford Health

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 01 / 2014

**Transaction ID : SA11AI.6230**

Amount of Each Receipt this Period

120.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

400.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 10 OF 77

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Kevin Ballard**

Mailing Address 10947 140th Ave NE

City

Thief River Falls

State

MN

Zip Code

56701-8458

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sanford Health

Occupation

NP

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

670.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 28 / 2014

Transaction ID : SA11AI.6231

Amount of Each Receipt this Period

300.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Kevin Ballard**

Mailing Address 10947 140th Ave NE

City

Thief River Falls

State

MN

Zip Code

56701-8458

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sanford Health

Occupation

NP

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

865.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 10 / 2014

Transaction ID : SA11AI.6232

Amount of Each Receipt this Period

195.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Kevin Ballard**

Mailing Address 10947 140th Ave NE

City

Thief River Falls

State

MN

Zip Code

56701-8458

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sanford Health

Occupation

NP

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

965.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 17 / 2014

Transaction ID : SA11AI.6233

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

595.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 77

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Kevin Ballard**

Mailing Address 10947 140th Ave NE

City

Thief River Falls

State

MN

Zip Code

56701-8458

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sanford Health

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

985.00

Date of Receipt

06 / 19 / 2014

Transaction ID : SA11AI.6234

Amount of Each Receipt this Period

20.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Kevin Ballard**

Mailing Address 10947 140th Ave NE

City

Thief River Falls

State

MN

Zip Code

56701-8458

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sanford Health

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1085.00

Date of Receipt

06 / 21 / 2014

Transaction ID : SA11AI.6235

Amount of Each Receipt this Period

100.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Ronald Blaha**

Mailing Address 9211 Garland Rd  
#6430

City

Dallas

State

TX

Zip Code

75218

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Chiropractic Chiropractic

Occupation

Chiro/Family NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 25 / 2014

Transaction ID : SA11AI.5886

Amount of Each Receipt this Period

1000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1120.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Lorraine Borrell**

Mailing Address 316 Sanrue Dr.

City

Johnstown

State

PA

Zip Code

15904

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Windber Medical Center

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

06 / 19 / 2014

Transaction ID : SA11AI.5890

Amount of Each Receipt this Period

60.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Lorraine Borrell**

Mailing Address 316 Sanrue Dr.

City

Johnstown

State

PA

Zip Code

15904

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Windber Medical Center

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 19 / 2014

Transaction ID : SA11AI.5891

Amount of Each Receipt this Period

5.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Lorraine Borrell**

Mailing Address 316 Sanrue Dr.

City

Johnstown

State

PA

Zip Code

15904

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Windber Medical Center

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

06 / 19 / 2014

Transaction ID : SA11AI.6281

Amount of Each Receipt this Period

140.00

In-kind - Raffle basket

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

205.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Anne Bradley**

Mailing Address 6986 Dove Creek Dr.

City

Wylie

State

TX

Zip Code

75098

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Collin Cty Community Health

Occupation

NP

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	4

Transaction ID : SA11AI.5894

Amount of Each Receipt this Period

100.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Andrea Brassard**

Mailing Address 4701 Ramsgate Ln.

City

Bowie

State

MD

Zip Code

20715-3216

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Nurses Association

Occupation

Health Policy Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	0		2	0	1	4

Transaction ID : SA11AI.5897

Amount of Each Receipt this Period

130.00

Contribution

Full Name (Last, First, Middle Initial)

**c. Andrea Brassard**

Mailing Address 4701 Ramsgate Ln.

City

Bowie

State

MD

Zip Code

20715-3216

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Nurses Association

Occupation

Health Policy Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	2		2	0	1	4

Transaction ID : SA11AI.5898

Amount of Each Receipt this Period

15.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

245.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 77

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

A. Andrea Brassard

Mailing Address 4701 Ramsgate Ln.

City

Bowie

State

MD

Zip Code

20715-3216

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Nurses Association

Occupation

Health Policy Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 12 / 2014

Transaction ID : SA11AI.5899

Amount of Each Receipt this Period

20.00

Contribution

Full Name (Last, First, Middle Initial)

B. Christina Brister

Mailing Address 5924 Old Boyce Rd.

City

Boyce

State

LA

Zip Code

71409

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EmCare Inpatient Services

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 18 / 2014

Transaction ID : SA11AI.5902

Amount of Each Receipt this Period

100.00

Contribution

Full Name (Last, First, Middle Initial)

C. Richard Brown

Mailing Address 4924 Branch Mill Cir

City

Mountain Brook

State

AL

Zip Code

35223-1606

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Children's Hospital of Alabama

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 15 / 2014

Transaction ID : SA11AI.5905

Amount of Each Receipt this Period

130.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

250.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Richard Brown**

Mailing Address 4924 Branch Mill Cir

City

Mountain Brook

State

AL

Zip Code

35223-1606

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Children's Hospital of Alabama

Occupation

NP

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 15 / 2014

Transaction ID : SA11AI.5906

Amount of Each Receipt this Period

25.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Richard Brown**

Mailing Address 4924 Branch Mill Cir

City

Mountain Brook

State

AL

Zip Code

35223-1606

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Children's Hospital of Alabama

Occupation

NP

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 21 / 2014

Transaction ID : SA11AI.5907

Amount of Each Receipt this Period

15.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Richard Brown**

Mailing Address 4924 Branch Mill Cir

City

Mountain Brook

State

AL

Zip Code

35223-1606

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Children's Hospital of Alabama

Occupation

NP

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 19 / 2014

Transaction ID : SA11AI.5908

Amount of Each Receipt this Period

100.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

140.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Theresa Brown**

Mailing Address 1152 Rexford Pl

City State Zip Code  
Thousand Oaks CA 91360

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Interventional Cardiology Med

Occupation  
NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 19 / 2014

**Transaction ID : SA11AI.6253**

Amount of Each Receipt this Period

50.00

In-kind - Raffle basket

Full Name (Last, First, Middle Initial)

**B. Theresa Brown**

Mailing Address 1152 Rexford Pl

City State Zip Code  
Thousand Oaks CA 91360

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Interventional Cardiology Med

Occupation  
NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 21 / 2014

**Transaction ID : SA11AI.5912**

Amount of Each Receipt this Period

100.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Deborah Burchfield**

Mailing Address 107 Bob Jones Ct.

City State Zip Code  
Pottsboro TX 75076

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lake Texoma Health Clinic

Occupation  
APRN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 14 / 2014

**Transaction ID : SA11AI.5915**

Amount of Each Receipt this Period

195.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

345.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Bessie Burk**

Mailing Address 9461 W. Hartigan Lane

City State Zip Code  
 Arizona City AZ 85123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Sunlife Family Health

Occupation  
 FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 09 / 2014

Transaction ID : SA11AI.5918

Amount of Each Receipt this Period

130.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Bessie Burk**

Mailing Address 9461 W. Hartigan Lane

City State Zip Code  
 Arizona City AZ 85123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Sunlife Family Health

Occupation  
 FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 19 / 2014

Transaction ID : SA11AI.5919

Amount of Each Receipt this Period

20.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Bessie Burk**

Mailing Address 9461 W. Hartigan Lane

City State Zip Code  
 Arizona City AZ 85123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Sunlife Family Health

Occupation  
 FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 19 / 2014

Transaction ID : SA11AI.6258

Amount of Each Receipt this Period

60.00

In-kind - Raffle basket

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

210.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Bessie Burk**

Mailing Address 9461 W. Hartigan Lane

City State Zip Code  
 Arizona City AZ 85123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Sunlife Family Health

Occupation  
 FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 20 / 2014

Transaction ID : SA11AI.5920

Amount of Each Receipt this Period

20.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Bessie Burk**

Mailing Address 9461 W. Hartigan Lane

City State Zip Code  
 Arizona City AZ 85123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Sunlife Family Health

Occupation  
 FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

06 / 21 / 2014

Transaction ID : SA11AI.5921

Amount of Each Receipt this Period

10.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Bessie Burk**

Mailing Address 9461 W. Hartigan Lane

City State Zip Code  
 Arizona City AZ 85123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Sunlife Family Health

Occupation  
 FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

06 / 21 / 2014

Transaction ID : SA11AI.5922

Amount of Each Receipt this Period

20.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

50.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Mary Cabral**

Mailing Address 122 Mount Hope Ave.

City State Zip Code  
Bristol RI 02809

FEC ID number of contributing federal political committee.

C

Name of Employer

Univ Surgical RI Colorectal

Occupation

RNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 21 / 2014

Transaction ID : SA11AI.5926

Amount of Each Receipt this Period

100.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Melissa Christiansen**

Mailing Address 26481 Conestoga Ct.

City State Zip Code  
Menifee CA 92586-3457

FEC ID number of contributing federal political committee.

C

Name of Employer

Riverside Medical Clinic

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 19 / 2014

Transaction ID : SA11AI.5929

Amount of Each Receipt this Period

300.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Melissa Christiansen**

Mailing Address 26481 Conestoga Ct.

City State Zip Code  
Menifee CA 92586-3457

FEC ID number of contributing federal political committee.

C

Name of Employer

Riverside Medical Clinic

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 19 / 2014

Transaction ID : SA11AI.5930

Amount of Each Receipt this Period

20.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

420.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 77

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Melissa Christiansen**

Mailing Address 26481 Conestoga Ct.

City State Zip Code  
Menifee CA 92586-3457

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Riverside Medical Clinic

Occupation  
NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 21 / 2014

Transaction ID : SA11AI.5931

Amount of Each Receipt this Period

20.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Heather Clinton**

Mailing Address 316 County Road 3570

City State Zip Code  
China Spring TX 76633

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lake Whitney Physicians

Occupation  
FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 14 / 2014

Transaction ID : SA11AI.5932

Amount of Each Receipt this Period

325.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Donna Coimbra-Emanu**

Mailing Address 6428 Valmont St.

City State Zip Code  
Tujunga CA 91042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Western Univ of Health Science

Occupation  
NP and Faculty

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 18 / 2014

Transaction ID : SA11AI.5937

Amount of Each Receipt this Period

250.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

595.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Donna Coimbra-Emanu**

Mailing Address 6428 Valmont St.

City State Zip Code  
 Tujunga CA 91042

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Western Univ of Health Science

Occupation

NP and Faculty

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

515.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 21 / 2014

Transaction ID : SA11AI.5938

Amount of Each Receipt this Period

100.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Cindy Cooke**

Mailing Address 5005 Red Mile Ct. SE

City State Zip Code  
 Brownsboro AL 35741-9306

FEC ID number of contributing  
federal political committee.

C

Name of Employer

U.S. Army

Occupation

FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 07 / 2014

Transaction ID : SA11AI.5943

Amount of Each Receipt this Period

130.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Cindy Cooke**

Mailing Address 5005 Red Mile Ct. SE

City State Zip Code  
 Brownsboro AL 35741-9306

FEC ID number of contributing  
federal political committee.

C

Name of Employer

U.S. Army

Occupation

FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 21 / 2014

Transaction ID : SA11AI.5944

Amount of Each Receipt this Period

100.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

330.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Denise Coppa**

Mailing Address 224 Cole Dr.

City

North Kingstown

State

RI

Zip Code

02852

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Rhode Island

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

06 / 21 / 2014

Transaction ID : SA11AI.5948

Amount of Each Receipt this Period

100.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Joanne Cregg**

Mailing Address 22 Society Hill Way

City

Tinton Falls

State

NJ

Zip Code

07724

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Memorial Sloan Kettering Cancr

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

05 / 14 / 2014

Transaction ID : SA11AI.5952

Amount of Each Receipt this Period

195.00

Contribution

Full Name (Last, First, Middle Initial)

**c. Joanne Cregg**

Mailing Address 22 Society Hill Way

City

Tinton Falls

State

NJ

Zip Code

07724

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Memorial Sloan Kettering Cancr

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

06 / 19 / 2014

Transaction ID : SA11AI.5954

Amount of Each Receipt this Period

20.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

315.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Deidra Curry**

Mailing Address 3581 Woodgate Ct.

City

Wheatfield

State

IN

Zip Code

46392

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Minute Clinic

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 19 / 2014

Transaction ID : SA11AI.5958

Amount of Each Receipt this Period

100.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Deidra Curry**

Mailing Address 3581 Woodgate Ct.

City

Wheatfield

State

IN

Zip Code

46392

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Minute Clinic

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

06 / 21 / 2014

Transaction ID : SA11AI.5959

Amount of Each Receipt this Period

40.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Katherine Darling**

Mailing Address 637 Cougar Ln

City

Mountain Home

State

AR

Zip Code

72653-8878

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Independent Contractor

Occupation

PMHNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

05 / 10 / 2014

Transaction ID : SA11AI.5962

Amount of Each Receipt this Period

65.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

205.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Katherine Darling**

Mailing Address 637 Cougar Ln

City

Mountain Home

State

AR

Zip Code

72653-8878

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Independent Contractor

Occupation

PMHNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

06 / 01 / 2014

Transaction ID : SA11AI.5963

Amount of Each Receipt this Period

15.00

Contribution

Full Name (Last, First, Middle Initial)

## **B. Hagit Deemer**

Mailing Address 7720 Blue Vail Way

City

Colorado Springs

State

CO

Zip Code

80922

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Optum Health

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

05 / 19 / 2014

Transaction ID : SA11AI.5964

Amount of Each Receipt this Period

260.00

Contribution

Full Name (Last, First, Middle Initial)

## **C. Barbara Dehn**

Mailing Address 1780 Austin Ave.

City

Los Altos

State

CA

Zip Code

94024-6103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Women Physicians

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

06 / 20 / 2014

Transaction ID : SA11AI.5966

Amount of Each Receipt this Period

100.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

375.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

A. Barbara Dehn

Mailing Address 1780 Austin Ave.

City

Los Altos

State

CA

Zip Code

94024-6103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Women Physicians

Occupation

NP

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 21 / 2014

Transaction ID : SA11AI.5967

Amount of Each Receipt this Period

400.00

Contribution

Full Name (Last, First, Middle Initial)

B. Kahlil Demonbreun

Mailing Address 1020 Wedgewood Rd.

City

Orangeburg

State

SC

Zip Code

29118

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Med Univ of S Carolina

Occupation

NP

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 17 / 2014

Transaction ID : SA11AI.5968

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

C. James Dickens

Mailing Address 2717 Crater Lake Ln

City

Denton

State

TX

Zip Code

76210-3378

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SNCH

Occupation

NP

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 05 / 2014

Transaction ID : SA11AI.5972

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Sattaria Dilks**

Mailing Address 1901 Rosedown Dr.

City State Zip Code  
 Lake Charles LA 70605

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Psychiatric Mental Health NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 18 / 2014

Transaction ID : SA11AI.5976

Amount of Each Receipt this Period

30.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Sattaria Dilks**

Mailing Address 1901 Rosedown Dr.

City State Zip Code  
 Lake Charles LA 70605

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Psychiatric Mental Health NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 19 / 2014

Transaction ID : SA11AI.5977

Amount of Each Receipt this Period

115.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Suzanne Drake**

Mailing Address 1100 Rahway Rd

City State Zip Code  
 Scotch Plains NJ 07076

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

The Wellness Group of NJ, LLC

Psychiatric Advanced Practice Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 04 / 03 / 2014

Transaction ID : SA11AI.5980

Amount of Each Receipt this Period

120.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

265.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Suzanne Drake**

Mailing Address 1100 Rahway Rd

City

Scotch Plains

State

NJ

Zip Code

07076

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Wellness Group of NJ, LLC

Occupation

Psychiatric Advanced Practice Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

06 / 19 / 2014

Transaction ID : SA11AI.5981

Amount of Each Receipt this Period

100.00

Contribution

Full Name (Last, First, Middle Initial)

## **B. Mary Duggan**

Mailing Address 11309 Hunt Farm Ln

City

Oakton

State

VA

Zip Code

22124

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pulmonary & Critical Care Spec

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

06 / 19 / 2014

Transaction ID : SA11AI.6279

Amount of Each Receipt this Period

135.00

In-kind - Raffle basket

Full Name (Last, First, Middle Initial)

## **C. Cindy Edwards-Tuttle**

Mailing Address 3617 Swallow Tail Ln.

City

Sylvania

State

OH

Zip Code

43560-3591

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ProMedica

Occupation

CNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

04 / 03 / 2014

Transaction ID : SA11AI.5983

Amount of Each Receipt this Period

20.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

255.00

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Cindy Edwards-Tuttle**

Mailing Address 3617 Swallow Tail Ln.

City State Zip Code  
 Sylvania OH 43560-3591

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ProMedica

Occupation

CNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 08 / 2014

Transaction ID : SA11AI.5984

Amount of Each Receipt this Period

65.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Cindy Edwards-Tuttle**

Mailing Address 3617 Swallow Tail Ln.

City State Zip Code  
 Sylvania OH 43560-3591

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ProMedica

Occupation

CNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 16 / 2014

Transaction ID : SA11AI.5985

Amount of Each Receipt this Period

20.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Nancy England**

Mailing Address 9044 N. Round Barn Rd.

City State Zip Code  
 Williamsburg IN 47393

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pediatric and Internal Med

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 20 / 2014

Transaction ID : SA11AI.5990

Amount of Each Receipt this Period

200.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

285.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Patricia Farmer**

Mailing Address 8042 S. Big Sky Dr.

City State Zip Code  
 Talala OK 74080

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Pediatric Practitioners of OK

Occupation  
 APRN-CNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 14 / 2014

Transaction ID : SA11AI.5995

Amount of Each Receipt this Period

65.00

Contribution

Full Name (Last, First, Middle Initial)

## **B. Patricia Farmer**

Mailing Address 8042 S. Big Sky Dr.

City State Zip Code  
 Talala OK 74080

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Pediatric Practitioners of OK

Occupation  
 APRN-CNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

06 / 18 / 2014

Transaction ID : SA11AI.5996

Amount of Each Receipt this Period

100.00

Contribution

Full Name (Last, First, Middle Initial)

## **C. Roger Fogg**

Mailing Address 8600 New Hope Rd.

City State Zip Code  
 Grants Pass OR 97527

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Self-Employed

Occupation  
 FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.00

Date of Receipt

06 / 19 / 2014

Transaction ID : SA11AI.6259

Amount of Each Receipt this Period

103.00

In-kind - Raffle basket

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

268.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

<p>Full Name (Last, First, Middle Initial) <b>A. Rhonda Fountain</b></p> <p>Mailing Address 11601 W County Rd 100 N</p> <p>City State Zip Code Norman IN 47264</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Brownstown Family Care FNP</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 260.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 05 / 14 / 2014 <b>Transaction ID : SA11AI.5999</b></p> <p>Amount of Each Receipt this Period 65.00</p> <p>Contribution</p>
<p>Full Name (Last, First, Middle Initial) <b>B. Rhonda Fountain</b></p> <p>Mailing Address 11601 W County Rd 100 N</p> <p>City State Zip Code Norman IN 47264</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Brownstown Family Care FNP</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 280.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 19 / 2014 <b>Transaction ID : SA11AI.6000</b></p> <p>Amount of Each Receipt this Period 20.00</p> <p>Contribution</p>
<p>Full Name (Last, First, Middle Initial) <b>C. Lana Fowler</b></p> <p>Mailing Address 7101 N. Belleview Ave</p> <p>City State Zip Code Kansas City MO 64118</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Horizon Health Services NP</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 21 / 2014 <b>Transaction ID : SA11AI.6003</b></p> <p>Amount of Each Receipt this Period 100.00</p> <p>Contribution</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		185.00
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Nancy George**

Mailing Address 2108 Burns St

City

Detroit

State

MI

Zip Code

48214-2851

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wayne State University

Occupation

Assoc. Professor NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

05 / 09 / 2014

Transaction ID : SA11AI.6006

Amount of Each Receipt this Period

130.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Katie Gilbert**

Mailing Address PO Box 756

City

Blessing

State

TX

Zip Code

77419

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Palacios Medical Clinic

Occupation

FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

05 / 14 / 2014

Transaction ID : SA11AI.6007

Amount of Each Receipt this Period

325.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Katie Gilbert**

Mailing Address PO Box 756

City

Blessing

State

TX

Zip Code

77419

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Palacios Medical Clinic

Occupation

FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

05 / 19 / 2014

Transaction ID : SA11AI.6009

Amount of Each Receipt this Period

65.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

520.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Angela Golden**

Mailing Address P.O. Box 25959

City

Munds Park

State

AZ

Zip Code

86017-5959

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NP from Home

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

05 / 05 / 2014

Transaction ID : SA11AI.6012

Amount of Each Receipt this Period

260.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Angela Golden**

Mailing Address P.O. Box 25959

City

Munds Park

State

AZ

Zip Code

86017-5959

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NP from Home

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

925.00

Date of Receipt

05 / 07 / 2014

Transaction ID : SA11AI.6013

Amount of Each Receipt this Period

520.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Angela Golden**

Mailing Address P.O. Box 25959

City

Munds Park

State

AZ

Zip Code

86017-5959

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NP from Home

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1090.00

Date of Receipt

06 / 17 / 2014

Transaction ID : SA11AI.6014

Amount of Each Receipt this Period

165.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

945.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Ilonda Griffiee**

Mailing Address 1901 N Maize Rd

City State Zip Code  
 Wichita KS 67212

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ron Marek DO

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 15 / 2014

**Transaction ID : SA11AI.6018**

Amount of Each Receipt this Period

65.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Ilonda Griffiee**

Mailing Address 1901 N Maize Rd

City State Zip Code  
 Wichita KS 67212

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ron Marek DO

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 15 / 2014

**Transaction ID : SA11AI.6019**

Amount of Each Receipt this Period

20.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Ilonda Griffiee**

Mailing Address 1901 N Maize Rd

City State Zip Code  
 Wichita KS 67212

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ron Marek DO

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 15 / 2014

**Transaction ID : SA11AI.6020**

Amount of Each Receipt this Period

65.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Ilonda Griffiee**

Mailing Address 1901 N Maize Rd

City State Zip Code  
 Wichita KS 67212

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ron Marek DO

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 19 / 2014

Transaction ID : SA11AI.6021

Amount of Each Receipt this Period

100.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Ilonda Griffiee**

Mailing Address 1901 N Maize Rd

City State Zip Code  
 Wichita KS 67212

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ron Marek DO

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 19 / 2014

Transaction ID : SA11AI.6022

Amount of Each Receipt this Period

100.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Ilonda Griffiee**

Mailing Address 1901 N Maize Rd

City State Zip Code  
 Wichita KS 67212

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ron Marek DO

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 20 / 2014

Transaction ID : SA11AI.6023

Amount of Each Receipt this Period

20.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

220.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Ilonda Griffiee**

Mailing Address 1901 N Maize Rd

City State Zip Code  
Wichita KS 67212

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ron Marek DO

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 21 / 2014

Transaction ID : SA11AI.6024

Amount of Each Receipt this Period

20.00

Contribution

Full Name (Last, First, Middle Initial)

**B. C Hadden**

Mailing Address 165 Waddell Cir

City State Zip Code  
Oak Ridge TN 37830

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Free Medical Clinic Oak Ridge

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 21 / 2014

Transaction ID : SA11AI.6028

Amount of Each Receipt this Period

100.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Kassandra Harwood**

Mailing Address 6 Tyler Rd

City State Zip Code  
Westford MA 01886

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rivier University

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 14 / 2014

Transaction ID : SA11AI.6035

Amount of Each Receipt this Period

195.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

315.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. David Hebert**

Mailing Address 225 Reinekers Ln  
Suite 525

City State Zip Code  
Alexandria VA 22314-2880

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AANP

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 13 / 2014

Transaction ID : SA11AI.6037

Amount of Each Receipt this Period

65.00

Contribution

Full Name (Last, First, Middle Initial)

**B. David Hebert**

Mailing Address 225 Reinekers Ln  
Suite 525

City State Zip Code  
Alexandria VA 22314-2880

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AANP

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 19 / 2014

Transaction ID : SA11AI.6038

Amount of Each Receipt this Period

20.00

Contribution

Full Name (Last, First, Middle Initial)

**C. MEREDITH HEYDE**

Mailing Address 105 QUAIL RIDGE DR.

City State Zip Code  
SIMPSONVILLE SC 29680

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United Healthcare

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 15 / 2014

Transaction ID : SA11AI.6041

Amount of Each Receipt this Period

260.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

345.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. MEREDITH HEYDE**

Mailing Address 105 QUAIL RIDGE DR.

City State Zip Code  
SIMPSONVILLE SC 29680

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United Healthcare

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 17 / 2014

Transaction ID : SA11AI.6042

Amount of Each Receipt this Period

20.00

Contribution

Full Name (Last, First, Middle Initial)

**B. MEREDITH HEYDE**

Mailing Address 105 QUAIL RIDGE DR.

City State Zip Code  
SIMPSONVILLE SC 29680

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United Healthcare

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

06 / 19 / 2014

Transaction ID : SA11AI.6043

Amount of Each Receipt this Period

100.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Alisha Holbrook**

Mailing Address 6570 Heardsville Rd.

City State Zip Code  
Cumming GA 30028

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Gwinnett Emergency Associates

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

05 / 14 / 2014

Transaction ID : SA11AI.6048

Amount of Each Receipt this Period

260.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

380.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Marianne Hurley**

Mailing Address 170 Silver Lake Ave.

City State Zip Code  
Wakefield RI 02879-4224

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ Medicine/Geriatrics

Occupation  
GNP/Faculty

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 09 / 2014

Transaction ID : SA11AI.6055

Amount of Each Receipt this Period

130.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Marianne Hurley**

Mailing Address 170 Silver Lake Ave.

City State Zip Code  
Wakefield RI 02879-4224

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ Medicine/Geriatrics

Occupation  
GNP/Faculty

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 21 / 2014

Transaction ID : SA11AI.6056

Amount of Each Receipt this Period

100.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Julia James**

Mailing Address PO Box 127  
129 S. Main St.

City State Zip Code  
Clio SC 29525-0127

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Marlboro Park Hospital

Occupation  
Family NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 19 / 2014

Transaction ID : SA11AI.6241

Amount of Each Receipt this Period

40.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

270.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

A. Julia James

Mailing Address PO Box 127

129 S. Main St.

City

State

Zip Code

Clio

SC

29525-0127

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Marlboro Park Hospital

Occupation

Family NP

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

580.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 20 / 2014

Transaction ID : SA11AI.6242

Amount of Each Receipt this Period

40.00

Contribution

Full Name (Last, First, Middle Initial)

B. Julia James

Mailing Address PO Box 127

129 S. Main St.

City

State

Zip Code

Clio

SC

29525-0127

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Marlboro Park Hospital

Occupation

Family NP

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 21 / 2014

Transaction ID : SA11AI.6243

Amount of Each Receipt this Period

100.00

Contribution

Full Name (Last, First, Middle Initial)

C. Julia James

Mailing Address PO Box 127

129 S. Main St.

City

State

Zip Code

Clio

SC

29525-0127

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Marlboro Park Hospital

Occupation

Family NP

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 21 / 2014

Transaction ID : SA11AI.6244

Amount of Each Receipt this Period

40.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

180.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Rhonda Jones**

Mailing Address 401 Winchester Dr.

City

Savannah

State

GA

Zip Code

31410

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fehr MD

Occupation

FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

05 / 15 / 2014

Transaction ID : SA11AI.6062

Amount of Each Receipt this Period

260.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Michele Knappe**

Mailing Address 11320 S. Sawyer Ave.

City

Chicago

State

IL

Zip Code

60655

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Team Health

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

05 / 19 / 2014

Transaction ID : SA11AI.6067

Amount of Each Receipt this Period

65.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Michele Knappe**

Mailing Address 11320 S. Sawyer Ave.

City

Chicago

State

IL

Zip Code

60655

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Team Health

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

06 / 07 / 2014

Transaction ID : SA11AI.6068

Amount of Each Receipt this Period

15.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

340.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Michele Knappe**

Mailing Address 11320 S. Sawyer Ave.

City State Zip Code  
 Chicago IL 60655

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Team Health

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 17 / 2014

**Transaction ID : SA11AI.6069**

Amount of Each Receipt this Period

15.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Joyce Knestrick**

Mailing Address 801 Alamae Lakes Rd

City State Zip Code  
 Washington PA 15301-9150

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Georgetown University

Occupation

Associate Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 07 / 2014

**Transaction ID : SA11AI.6074**

Amount of Each Receipt this Period

20.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Joyce Knestrick**

Mailing Address 801 Alamae Lakes Rd

City State Zip Code  
 Washington PA 15301-9150

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Georgetown University

Occupation

Associate Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 20 / 2014

**Transaction ID : SA11AI.6075**

Amount of Each Receipt this Period

20.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

55.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

A. Yvonne Krielow

Mailing Address 7533 Highway 90

City State Zip Code  
Roanoke LA 70581

FEC ID number of contributing federal political committee.

C

Name of Employer

The Clinic of Welsh

Occupation

FNP-BC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 30 / 2014

Transaction ID : SA11AI.6076

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

B. Michelle Lavery

Mailing Address 11 Jennifer Cir

City State Zip Code  
Billerica MA 01821

FEC ID number of contributing federal political committee.

C

Name of Employer

Lahey Health

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 16 / 2014

Transaction ID : SA11AI.6080

Amount of Each Receipt this Period

260.00

Contribution

Full Name (Last, First, Middle Initial)

C. Nancy Lawton

Mailing Address 2289 NE 61st St.

City State Zip Code  
Seattle WA 98115-7016

FEC ID number of contributing federal political committee.

C

Name of Employer

Neighborcare Health Greenwood

Occupation

FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 30 / 2014

Transaction ID : SA11AI.6082

Amount of Each Receipt this Period

500.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1010.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

A. Nancy Lawton

Mailing Address 2289 NE 61st St.

City  
Seattle

State  
WA

Zip Code  
98115-7016

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Neighborcare Health Greenwood

Occupation

FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

515.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 02 / 2014

Transaction ID : SA11AI.6083

Amount of Each Receipt this Period

15.00

Contribution

Full Name (Last, First, Middle Initial)

B. Nancy Lawton

Mailing Address 2289 NE 61st St.

City  
Seattle

State  
WA

Zip Code  
98115-7016

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Neighborcare Health Greenwood

Occupation

FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1515.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 17 / 2014

Transaction ID : SA11AI.6084

Amount of Each Receipt this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Lori Lioce

Mailing Address 5803 Macon Dr. SE

City  
Huntsville

State  
AL

Zip Code  
35802-1933

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ of Alabama Huntsville

Occupation

NP/Assoc. Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 21 / 2014

Transaction ID : SA11AI.6087

Amount of Each Receipt this Period

65.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

1080.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Neva Lipscomb**

Mailing Address 853 Dubois Dr.

City

Baton Rouge

State

LA

Zip Code

70808

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Urgent Care & Family Medicine

Occupation

FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 29 / 2014

Transaction ID : SA11AI.6090

Amount of Each Receipt this Period

100.00

853 Dubois Dr.

Full Name (Last, First, Middle Initial)

## **B. Lenora Lorenzo**

Mailing Address PO Box 474 62-394 JP Leong Hw

City

Haleiwa

State

HI

Zip Code

96712-0474

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ER

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

06 / 19 / 2014

Transaction ID : SA11AI.6248

Amount of Each Receipt this Period

200.00

In-kind - Raffle basket

Full Name (Last, First, Middle Initial)

## **C. Lenora Lorenzo**

Mailing Address PO Box 474 62-394 JP Leong Hw

City

Haleiwa

State

HI

Zip Code

96712-0474

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ER

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1470.00

Date of Receipt

06 / 20 / 2014

Transaction ID : SA11AI.6250

Amount of Each Receipt this Period

1100.00

In-kind - Raffle One Week Condo

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1400.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

A. Miki Macdonald

Mailing Address 57 Penobscot St.

City

Bangor

State

ME

Zip Code

04401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Joseph Internal Medicine

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 19 / 2014

Transaction ID : SA11AI.6293

Amount of Each Receipt this Period

100.00

Contribution

Full Name (Last, First, Middle Initial)

B. George Mackel

Mailing Address 298 Timbuktu Rd

City

Sylva

State

NC

Zip Code

28779

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cherokee Indian Hospital

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 19 / 2014

Transaction ID : SA11AI.6091

Amount of Each Receipt this Period

1000.00

853 Dubois Dr.

Full Name (Last, First, Middle Initial)

C. Lori Martin-Plank

Mailing Address 90 Ervin Rd

City

Pipersville

State

PA

Zip Code

18947

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ira Liebross Family Practice

Occupation

FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 03 / 2014

Transaction ID : SA11AI.6095

Amount of Each Receipt this Period

20.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

1120.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Alison Mcfadden**

Mailing Address 4122 Maryhill Dr.

City

Cedar Falls

State

IA

Zip Code

50613

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Unity Point at Home

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

06 / 18 / 2014

Transaction ID : SA11AI.6098

Amount of Each Receipt this Period

20.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Rick Meadows**

Mailing Address 7955 Ponca Rd

City

Colorado Springs

State

CO

Zip Code

80908

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AANP Certification Program

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

04 / 01 / 2014

Transaction ID : SA11AI.6099

Amount of Each Receipt this Period

220.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Andrew Metcalfe**

Mailing Address 605 Ridge St.

City

Sault Ste Marie

State

MI

Zip Code

49783

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sault College

Occupation

Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

05 / 20 / 2014

Transaction ID : SA11AI.6103

Amount of Each Receipt this Period

130.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

370.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Rosalinda Morales**

Mailing Address 11805 Meadowglen Ln

City

Houston

State

TX

Zip Code

77082-2778

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDVAMC-Katy OP Clinic

Occupation

NP

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

05 / 05 / 2014

Transaction ID : SA11AI.6105

Amount of Each Receipt this Period

200.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Rosalinda Morales**

Mailing Address 11805 Meadowglen Ln

City

Houston

State

TX

Zip Code

77082-2778

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDVAMC-Katy OP Clinic

Occupation

NP

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

05 / 16 / 2014

Transaction ID : SA11AI.6106

Amount of Each Receipt this Period

65.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Rosalinda Morales**

Mailing Address 11805 Meadowglen Ln

City

Houston

State

TX

Zip Code

77082-2778

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDVAMC-Katy OP Clinic

Occupation

NP

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

565.00

Date of Receipt

06 / 18 / 2014

Transaction ID : SA11AI.6107

Amount of Each Receipt this Period

180.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

445.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

A. Rosalinda Morales

Mailing Address 11805 Meadowglen Ln

City

Houston

State

TX

Zip Code

77082-2778

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEDVAMC-Katy OP Clinic

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

665.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 23 / 2014

Transaction ID : SA11AI.6108

Amount of Each Receipt this Period

100.00

Contribution

Full Name (Last, First, Middle Initial)

B. Nancy O'Rourke

Mailing Address 55 Truell Rd.

City

Hollis

State

NH

Zip Code

03049

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Steward Medical

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 20 / 2014

Transaction ID : SA11AI.6117

Amount of Each Receipt this Period

130.00

Contribution

Full Name (Last, First, Middle Initial)

c. Nancy O'Rourke

Mailing Address 55 Truell Rd.

City

Hollis

State

NH

Zip Code

03049

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Steward Medical

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 20 / 2014

Transaction ID : SA11AI.6118

Amount of Each Receipt this Period

20.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

250.00

TOTAL This Period (last page this line number only)..... ►



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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Deborah Onken**

Mailing Address 26853 Cold Springs St

City State Zip Code  
Calabasas Hills CA 91301

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kaiser Permanente

Occupation

Geriatric NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 03 / 2014

**Transaction ID : SA11AI.6113**

Amount of Each Receipt this Period

100.00

Contribution

Full Name (Last, First, Middle Initial)

## **B. Diane Padden**

Mailing Address 7049 River Oak Ct.

City State Zip Code  
Clarksville MD 21029

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AANP

Occupation

VP of Research & Education

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 07 / 2014

**Transaction ID : SA11AI.6121**

Amount of Each Receipt this Period

130.00

Contribution

Full Name (Last, First, Middle Initial)

## **C. Diane Padden**

Mailing Address 7049 River Oak Ct.

City State Zip Code  
Clarksville MD 21029

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AANP

Occupation

VP of Research & Education

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 14 / 2014

**Transaction ID : SA11AI.6122**

Amount of Each Receipt this Period

65.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

295.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Sharyl Page**

Mailing Address 921 Bennett St.

City State Zip Code  
 Jackson MS 49202

FEC ID number of contributing federal political committee.

C

Name of Employer

Dr. Jones Practice

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 20 / 2014

Transaction ID : SA11AI.6125

Amount of Each Receipt this Period

100.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Sharyl Page**

Mailing Address 921 Bennett St.

City State Zip Code  
 Jackson MS 49202

FEC ID number of contributing federal political committee.

C

Name of Employer

Dr. Jones Practice

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 21 / 2014

Transaction ID : SA11AI.6126

Amount of Each Receipt this Period

20.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Cynthia Paschal-Pulliam**

Mailing Address 9485 Hunt Club Trl NE

City State Zip Code  
 Warren OH 44484

FEC ID number of contributing federal political committee.

C

Name of Employer

Pyscare, Inc.

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 04 / 08 / 2014

Transaction ID : SA11AI.6127

Amount of Each Receipt this Period

250.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

370.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Joyce Powers**

Mailing Address 11201 Woodmar Ln NE

City State Zip Code  
 Albuquerque NM 87111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Veterans Administration

Occupation  
 NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 19 / 2014

Transaction ID : SA11AI.6282

Amount of Each Receipt this Period

150.00

In-kind - Raffle basket

Full Name (Last, First, Middle Initial)

## **B. Lorraine Reiser**

Mailing Address 3878 Brighton Rd

City State Zip Code  
 Pittsburgh PA 15212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Hilltop Community Health Care

Occupation  
 NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

06 / 16 / 2014

Transaction ID : SA11AI.6133

Amount of Each Receipt this Period

85.00

Contribution

Full Name (Last, First, Middle Initial)

## **C. Lorraine Reiser**

Mailing Address 3878 Brighton Rd

City State Zip Code  
 Pittsburgh PA 15212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Hilltop Community Health Care

Occupation  
 NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

06 / 20 / 2014

Transaction ID : SA11AI.6134

Amount of Each Receipt this Period

120.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

355.00

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Rebecca Rigolosi**Mailing Address 100 Grand Cove Ways  
4d-s

City	State	Zip Code
Edgewater	NJ	07020

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Holy Name Medical Center

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		14		2014

Transaction ID : SA11AI.6137

Amount of Each Receipt this Period

195.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Angela Ritten**

Mailing Address PO Box 725

City	State	Zip Code
Sorrento	FL	32776

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UCF

Occupation

ARNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		12		2014

Transaction ID : SA11AI.6138

Amount of Each Receipt this Period

325.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Angela Ritten**

Mailing Address PO Box 725

City	State	Zip Code
Sorrento	FL	32776

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UCF

Occupation

ARNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		12		2014

Transaction ID : SA11AI.6140

Amount of Each Receipt this Period

40.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

560.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Terry Sampson**

Mailing Address 3605 Smoothstone Dr.

City State Zip Code  
Plano TX 75074

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

City of Garland

FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 14 / 2014

**Transaction ID : SA11AI.6143**

Amount of Each Receipt this Period

130.00

Contribution

Full Name (Last, First, Middle Initial)

## **B. Candace Sandal**

Mailing Address 210 Hull Ave  
Harmony Hills

City State Zip Code  
Newark DE 19711

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Dow

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 14 / 2014

**Transaction ID : SA11AI.6144**

Amount of Each Receipt this Period

260.00

Contribution

Full Name (Last, First, Middle Initial)

## **C. Eileen Santoro**

Mailing Address 25 Underwood Dr.

City State Zip Code  
Saratoga Springs NY 12866

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Saratoga

FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 14 / 2014

**Transaction ID : SA11AI.6148**

Amount of Each Receipt this Period

260.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

650.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Deborah Scheurell**

Mailing Address 452 S. Leaf Ave.

City

West Covina

State

CA

Zip Code

91791-2521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Medical Groups

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

06 / 21 / 2014

Transaction ID : SA11AI.6152

Amount of Each Receipt this Period

50.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Deborah Scheurell**

Mailing Address 452 S. Leaf Ave.

City

West Covina

State

CA

Zip Code

91791-2521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Molina Medical Groups

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

06 / 21 / 2014

Transaction ID : SA11AI.6153

Amount of Each Receipt this Period

25.00

Contribution

Full Name (Last, First, Middle Initial)

**C. LORNA SCHUMANN**

Mailing Address 18275 W. QUAIL LN

City

POST FALLS

State

ID

Zip Code

83854-6755

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WASHINGTON STATE UNIV

Occupation

Professor, School of Nursing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

06 / 19 / 2014

Transaction ID : SA11AI.6156

Amount of Each Receipt this Period

100.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

175.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

A. Vanessa Seal

Mailing Address 1968 Thomas Circle

City

Placentia

State

CA

Zip Code

92870

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Barlow Respiratory Hospital

Occupation

Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 14 / 2014

Transaction ID : SA11AI.6161

Amount of Each Receipt this Period

20.00

Contribution

Full Name (Last, First, Middle Initial)

B. Janet Selway

Mailing Address 1718 Hunter Mill Rd

City

White Hall

State

MD

Zip Code

21161

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Catholic University

Occupation

Asst. Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 10 / 2014

Transaction ID : SA11AI.6163

Amount of Each Receipt this Period

325.00

Contribution

Full Name (Last, First, Middle Initial)

C. Janet Selway

Mailing Address 1718 Hunter Mill Rd

City

White Hall

State

MD

Zip Code

21161

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Catholic University

Occupation

Asst. Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 17 / 2014

Transaction ID : SA11AI.6164

Amount of Each Receipt this Period

40.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

385.00

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Janet Selway**

Mailing Address 1718 Hunter Mill Rd

City

White Hall

State

MD

Zip Code

21161

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Catholic University

Occupation

Asst. Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

06 / 17 / 2014

Transaction ID : SA11AI.6165

Amount of Each Receipt this Period

40.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Janet Selway**

Mailing Address 1718 Hunter Mill Rd

City

White Hall

State

MD

Zip Code

21161

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Catholic University

Occupation

Asst. Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

06 / 19 / 2014

Transaction ID : SA11AI.6166

Amount of Each Receipt this Period

100.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Janet Selway**

Mailing Address 1718 Hunter Mill Rd

City

White Hall

State

MD

Zip Code

21161

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Catholic University

Occupation

Asst. Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

645.00

Date of Receipt

06 / 19 / 2014

Transaction ID : SA11AI.6167

Amount of Each Receipt this Period

20.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

160.00



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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

A. Janet Selway

Mailing Address 1718 Hunter Mill Rd

City State Zip Code  
 White Hall MD 21161

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Catholic University

Occupation

Asst. Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

665.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 20 / 2014

Transaction ID : SA11AI.6168

Amount of Each Receipt this Period

20.00

Contribution

Full Name (Last, First, Middle Initial)

B. Janet Selway

Mailing Address 1718 Hunter Mill Rd

City State Zip Code  
 White Hall MD 21161

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Catholic University

Occupation

Asst. Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

685.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 21 / 2014

Transaction ID : SA11AI.6169

Amount of Each Receipt this Period

20.00

Contribution

Full Name (Last, First, Middle Initial)

c. Janet Selway

Mailing Address 1718 Hunter Mill Rd

City State Zip Code  
 White Hall MD 21161

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Catholic University

Occupation

Asst. Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 21 / 2014

Transaction ID : SA11AI.6170

Amount of Each Receipt this Period

40.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

80.00

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Drema Servoss**

Mailing Address 1701 Tall Pine Circle

City State Zip Code  
Safety Harbor FL 34695

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
Long Term Care Assessments ARNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 14 / 2014

**Transaction ID : SA11AI.6171**

Amount of Each Receipt this Period

325.00

Contribution

Full Name (Last, First, Middle Initial)

## **B. Sarah Sherr**

Mailing Address 18 W. Beechwood Ave.

City State Zip Code  
Oaklyn NJ 08107

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
Temple Univ Student Health NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 14 / 2014

**Transaction ID : SA11AI.6173**

Amount of Each Receipt this Period

260.00

Contribution

Full Name (Last, First, Middle Initial)

## **C. Susan Smith**

Mailing Address 474 Windsor Pl

City State Zip Code  
Oceanside NY 11572

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
Prohealthcare Assoc NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 18 / 2014

**Transaction ID : SA11AI.6177**

Amount of Each Receipt this Period

250.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

835.00

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

A. Tabitha Smith

Mailing Address 36 Dogwood Circle

City

Woodbury

State

TN

Zip Code

37190

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 18 / 2014

Transaction ID : SA11AI.6178

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Patsy Smyth

Mailing Address 1017 3rd Ave. N.

City

Columbus

State

MS

Zip Code

39701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 19 / 2014

Transaction ID : SA11AI.6180

Amount of Each Receipt this Period

300.00

Contribution

Full Name (Last, First, Middle Initial)

C. Jo Sturgeon

Mailing Address 18219 W. Running Springs Rd.

City

Park Hill

State

OK

Zip Code

74451

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sturgeon Family Nurse

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 18 / 2014

Transaction ID : SA11AI.6184

Amount of Each Receipt this Period

250.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

1050.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Michelle Taylor**

Mailing Address 1958 SW Panther Trce

City  
Stuart

State  
FL

Zip Code  
34997-4849

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Martin Health System

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 04 / 2014

Transaction ID : SA11AI.6187

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Deborah Varnam**

Mailing Address P.O. Box 422

City  
Shallotte

State  
NC

Zip Code  
28459-0422

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Varnam Family Wellness Ctr LLC

Occupation

FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
05 / 19 / 2014

Transaction ID : SA11AI.6189

Amount of Each Receipt this Period

20.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Deborah Varnam**

Mailing Address P.O. Box 422

City  
Shallotte

State  
NC

Zip Code  
28459-0422

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Varnam Family Wellness Ctr LLC

Occupation

FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 19 / 2014

Transaction ID : SA11AI.6190

Amount of Each Receipt this Period

240.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

510.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

A. Deborah Wachtel

Mailing Address 286 Brigham Hill Rd.

City

Essex Junction

State

VT

Zip Code

05452

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Central Vermont Endocrinology

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 19 / 2014

Transaction ID : SA11AI.6193

Amount of Each Receipt this Period

120.00

Contribution

Full Name (Last, First, Middle Initial)

B. Deborah Wachtel

Mailing Address 286 Brigham Hill Rd.

City

Essex Junction

State

VT

Zip Code

05452

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Central Vermont Endocrinology

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 19 / 2014

Transaction ID : SA11AI.6262

Amount of Each Receipt this Period

68.00

In-kind - Raffle basket

Full Name (Last, First, Middle Initial)

C. Nancy Whitehead

Mailing Address 743 S. 7th Ave.

City

West Bend

State

WI

Zip Code

53095

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Whitehead Consulting, LLC

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 20 / 2014

Transaction ID : SA11AI.6199

Amount of Each Receipt this Period

100.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

288.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Nancy Whitehead**

Mailing Address 743 S. 7th Ave.

City

West Bend

State

WI

Zip Code

53095

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Whitehead Consulting, LLC

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 20 / 2014

Transaction ID : SA11AI.6200

Amount of Each Receipt this Period

40.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Michele Wilkinson**

Mailing Address 1916 Eastmoreland Ave.

City

Rockford

State

IL

Zip Code

61108

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Centegra Health System

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 21 / 2014

Transaction ID : SA11AI.6204

Amount of Each Receipt this Period

100.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Michele Wilkinson**

Mailing Address 1916 Eastmoreland Ave.

City

Rockford

State

IL

Zip Code

61108

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Centegra Health System

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

06 / 21 / 2014

Transaction ID : SA11AI.6205

Amount of Each Receipt this Period

20.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

160.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Christine Williams**

Mailing Address 15701 Fernway Rd

City State Zip Code  
Shaker Heights OH 44120

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Neighborhood Family Practice

Occupation

FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 28 / 2014

Transaction ID : SA11AI.6209

Amount of Each Receipt this Period

100.00

Contribution

Full Name (Last, First, Middle Initial)

## **B. Christine Williams**

Mailing Address 15701 Fernway Rd

City State Zip Code  
Shaker Heights OH 44120

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Neighborhood Family Practice

Occupation

FNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 12 / 2014

Transaction ID : SA11AI.6210

Amount of Each Receipt this Period

65.00

Contribution

Full Name (Last, First, Middle Initial)

## **C. Mary Wilson**

Mailing Address 1443 Spyglass Hill Dr.

City State Zip Code  
Brunswick OH 44212

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Avery Dennison

Occupation

NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 15 / 2014

Transaction ID : SA11AI.6211

Amount of Each Receipt this Period

260.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

425.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Heidi Wold**

Mailing Address 4015 Water Park Ct

City  
Riverview

State Zip Code  
FL 33578

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walgreens

Occupation

Chief NP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 22 / 2014

Transaction ID : SA11AI.6213

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Jennifer Worsley**

Mailing Address 2703 80th St. E

City  
Tacoma

State Zip Code  
WA 98404

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Franciscan Health System

Occupation

FNP Student/RN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

05 / 14 / 2014

Transaction ID : SA11AI.6215

Amount of Each Receipt this Period

260.00

2703 80th St. E

Full Name (Last, First, Middle Initial)

**C. Jennifer Worsley**

Mailing Address 2703 80th St. E

City  
Tacoma

State Zip Code  
WA 98404

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Franciscan Health System

Occupation

FNP Student/RN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

06 / 19 / 2014

Transaction ID : SA11AI.6217

Amount of Each Receipt this Period

20.00

2703 80th St. E

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

530.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Nancy Zaner**

Mailing Address 1402 E. Hubach Hill Dr.

City

Raymore

State

MO

Zip Code

64083-9485

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Take Care Health Systems, LLC

Occupation

Regional Vice President FNP

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 21 / 2014

**Transaction ID : SA11AI.6219**

Amount of Each Receipt this Period

390.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Nancy Zaner**

Mailing Address 1402 E. Hubach Hill Dr.

City

Raymore

State

MO

Zip Code

64083-9485

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Take Care Health Systems, LLC

Occupation

Regional Vice President FNP

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

835.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 21 / 2014

**Transaction ID : SA11AI.6220**

Amount of Each Receipt this Period

300.00

Contribution

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

690.00

26056.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

Category/  
Type

1100.00

Category/  
Type

State:  District:

Category/  
Type

State:  District:

1100.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 67 OF 77

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. BEN CARDIN FOR SENATE**

Mailing Address P.O. BOX 21093

City	State	Zip Code
CATONSVILLE	MD	21228

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: MD	District: 03

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		13		2014

**Transaction ID : SB23.5784**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. BENNET FOR COLORADO**

Mailing Address PO BOX 3078

City	State	Zip Code
DENVER	CO	80201

Purpose of Disbursement  
Contribution

Candidate Name

**MICHAEL F BENNET**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: CO	District: 00

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		09		2014

**Transaction ID : SB23.5837**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. CHUCK FLEISCHMANN FOR CONGRESS COMMITTEE, INC.**

Mailing Address P.O. BOX 11091

City	State	Zip Code
CHATTANOOGA	TN	37401

Purpose of Disbursement  
Contribution

Candidate Name

**CHARLES J FLEISCHMANN**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: TN	District: 03

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		27		2014

**Transaction ID : SB23.5831**

Amount of Each Disbursement this Period

500.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2500.00
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	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

## A. COFFMAN FOR CONGRESS

MIKE COFFMAN

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

1000.00

## B. COLLINS FOR SENATOR

MM / DD / YYYY

SUSAN M COLLINS

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

Age Group	Percentage
18-24	10.00
25-34	15.00
35-44	20.00
45-54	25.00
55-64	30.00
65-74	35.00
75-84	40.00
85+	45.00

### C. FRIENDS FOR JIM MCDERMOTT

Office Sought:	<input checked="checked" type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State: WA	District: 07	

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

2500.00

4500.00

[illegible]

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 69 OF 77

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF JACK KINGSTON**

Mailing Address PO BOX 2133

City	State	Zip Code
SAVANNAH	GA	31402

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: GA	District: 11

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	05	/	2014

**Transaction ID : SB23.6321**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF LOIS CAPPS**

Mailing Address P.O. BOX 23940

City	State	Zip Code
SANTA BARBARA	CA	93121

Purpose of Disbursement  
Contribution

Candidate Name

**LOIS G CAPPS**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: CA	District: 24

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	19	/	2014

**Transaction ID : SB23.5807**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF LOIS CAPPS**

Mailing Address P.O. BOX 23940

City	State	Zip Code
SANTA BARBARA	CA	93121

Purpose of Disbursement  
Contribution

Candidate Name

**LOIS G CAPPS**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: CA	District: 24

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	27	/	2014

**Transaction ID : SB23.5822**

Amount of Each Disbursement this Period

1500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3500.00
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	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

011

-1000.00

04 / 15 / 2014

1000.00

05 / 13 / 2014

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. HEARTLAND VALUES PAC**

Mailing Address PO BOX 505

City	State	Zip Code
SIOUX FALLS	SD	57101

Purpose of Disbursement  
Contribution

Candidate Name

**JOHN R THUNE**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: SD	District: 00

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		08		2014

**Transaction ID : SB23.5754**

Amount of Each Disbursement this Period

3500.00
---------

Full Name (Last, First, Middle Initial)

**B. IMPACT**Mailing Address 192 LEXINGTON AVE.  
SUITE 1001

City	State	Zip Code
NEW YORK	NY	10016

Purpose of Disbursement  
Contribution

Candidate Name

**CHARLES E SCHUMER**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: NY	District: 00

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		19		2014

**Transaction ID : SB23.5819**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. JOHNSON FOR CONGRESS**

Mailing Address PO BOX 14496

City	State	Zip Code
POLAND	OH	44514

Purpose of Disbursement  
Contribution

Candidate Name

**BILL JOHNSON**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: OH	District: 06

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		19		2014

**Transaction ID : SB23.5813**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. PAT ROBERTS FOR US SENATE INC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		13		2014

Mailing Address PO BOX 433

City	State	Zip Code
GREAT BEND	KS	67530

**Transaction ID : SB23.6332**Purpose of Disbursement  
Contribution

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

3000.00
---------

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: KS	District: 00

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. PAT ROBERTS FOR US SENATE INC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		09		2014

Mailing Address PO BOX 433

City	State	Zip Code
GREAT BEND	KS	67530

**Transaction ID : SB23.5834**Purpose of Disbursement  
Contribution

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

1000.00
---------

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: KS	District: 00

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. PAT ROBERTS FOR US SENATE INC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		09		2014

Mailing Address PO BOX 433

City	State	Zip Code
GREAT BEND	KS	67530

**Transaction ID : SB23.5840**Purpose of Disbursement  
Contribution

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

1000.00
---------

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: KS	District: 00

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. PEOPLE FOR BEN**

Mailing Address PO BOX 31129

City	State	Zip Code
SANTA FE	NM	87594

Purpose of Disbursement  
Contribution

Candidate Name

**BEN R MR. LUJAN**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NM District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		19		2014

**Transaction ID : SB23.5810**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. PEOPLE FOR PATTY MURRAY**

Mailing Address PO BOX 3662

City	State	Zip Code
SEATTLE	WA	98124

Purpose of Disbursement  
Contribution

Candidate Name

**PATTY MURRAY**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WA District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		13		2014

**Transaction ID : SB23.5804**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. RON BARBER FOR CONGRESS**

Mailing Address PO BOX 57715

City	State	Zip Code
TUCSON	AZ	85732

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AZ District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		15		2014

**Transaction ID : SB23.5760**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 75 OF 77

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. RYAN FOR CONGRESS, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		13		2014

Mailing Address PO BOX 1488

City	State	Zip Code
JANESVILLE	WI	53547

**Transaction ID : SB23.5788**Purpose of Disbursement  
Contribution

Amount of Each Disbursement this Period

Candidate Name

Category/ Type
-------------------

1000.00
---------

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: WI	District: 01

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. TITUS FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		13		2014

Mailing Address PO BOX 72454

City	State	Zip Code
LAS VEGAS	NV	89170

**Transaction ID : SB23.5801**Purpose of Disbursement  
Contribution

Amount of Each Disbursement this Period

Candidate Name

Category/ Type
-------------------

1000.00
---------

**DINA TITUS**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: NV	District: 01

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. TOM REED FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		27		2014

Mailing Address PO BOX 391

City	State	Zip Code
GENEVA	NY	14456

**Transaction ID : SB23.5828**Purpose of Disbursement  
Contribution

Amount of Each Disbursement this Period

Candidate Name

Category/ Type
-------------------

1000.00
---------

**THOMAS W II REED**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: NY	District: 23

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00
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	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE

### A. UPTON FOR ALL OF US

Date of Disbursement

Transaction ID : SB23.5781

Category/  
Type

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 06

Amount of Each Disbursement this Period

## B. VOLUNTEERS FOR SHIMKUS

Date of Disbursement

04 / 21 / 2014

Transaction ID : SB23.5763

Category/  
Type

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 15

Amount of Each Disbursement this Period

**C.**

Date of Disbursement

City	State	Zip Code
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Category/  
Type

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional).....

2500.00

**TOTAL** This Period (last page this line number only).....

41500.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 77 OF 77

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN ASSOCIATION OF NURSE PRACTITIONERS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Cynthia Devine**

Mailing Address 3 Harcrest Ct.

City	State	Zip Code
Dover	DE	19901

Purpose of Disbursement  
Proceeds from Raffle

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		28		2014

**Transaction ID : SB29.5848**

Amount of Each Disbursement this Period

737.50
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**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

737.50
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737.50
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